Schedule E)	DENT EXPEND	HONES		PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			EEC II	DENTIFICATION NUMBER ▼
End Citizens United			C	C00573261
Check if 24-hour report 48-hour repor	t New rep	oort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Mission Control			M - M 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave Bldg 3 Suite 200			Amount	
City	State	Zip Code		32088.64
Glastonbury	CT	06033-2470		ID: VSGDK9TM6H9 ursement or Obligation
Purpose of Expenditure Printing and postage (estimated)		Category/ Type	M 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	<b>✗</b> House District: 03
TARKANIAN, DANNY, , ,		X Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		32088.64	Disbursement For: 2016 Other (s	Primary <b>✗</b> General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mission Control			M 10	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave			Amount	
Bldg 3 Suite 200			7	
City Glastonbury	State CT	Zip Code 06033-2470		23100.00 D: VSGDK9TQFE8
Purpose of Expenditure				oursement or Obligation
Printing and postage (estimated)		Category/ Type	10	26 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
HECK, JOE, , ,		<b>X</b> Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		23100.00	Disbursement For: 2016 Other (s	Primary <b>X</b> General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		• •	55188.64
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. >	
(c) TOTAL Independent Expenditures			·	9 9
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Foucart, Brian, , ,	[Electron	nically Filed] Date	10 / 26	2016

Schedule E)	JEINT EXTEND	TOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			EEC	IDENTIFICATION NUMBER ▼
End Citizens United			C	C00573261
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Mothership Strategies			M = M	lic Distribution/Dissemination
Mailing Address 2413 20th St NW			Amount	25 2016
City	State	Zip Code		100000.00
Washington	DC	20009-5453		ID: VSGDK9T9QS1 pursement or Obligation
Purpose of Expenditure Digital media buy and production expense (est	imated)	Category/ Type	M 10	/ D D / Y Y Y Y Y Y 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
BURR, RICHARD, , ,		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	900583.00	Disbursement For: 2016 Other (s	Primary <b>X</b> General specify) ▶
Full Name of Payee Mundy Katowitz Media Inc				lic Distribution/Dissemination
Mailing Address 1322 G St SE			10	26 2016
1022 0 0.02			Amount	
City	State	Zip Code		788583.00
Washington  Purpose of Expenditure	DC	20003-3021		ID: VSGDK9T9QP7 pursement or Obligation
Media time buy		Category/ Type	10	25 / 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
BURR, RICHARD, , ,		<b>x</b> Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		900583.00	Disbursement For: 2016 Other (s	Primary
(a) CURTOTAL of the size of body and set France				
(a) SUBTOTAL of Itemized Independent Exper	iditures		•	888583.00
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		·· •	7 1 7
(c) TOTAL Independent Expenditures				77.
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	indidate or authorize			
Foucart, Brian, , , Signature	[Electron	nically Filed] Date	e 10 26	2016
Signature				

Schedule E)		101120		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
End Citizens United				C C00573261
Check if 24-hour report 48-hour report	× New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Silversmith Strategies			Date	e of Public Distribution/Dissemination
Mailing Address PO Box 21203			Amo	10 26 2016 ount
'	State DC	Zip Code 20009-0703	Tran	12000.00 nsaction ID : VSGDK9T9QQ5
Washington  Purpose of Expenditure  Production Expenses (estimated amount)		Category/		e of Disbursement or Obligation
Name of Federal Candidate		Type	Office Sour	10 25 2016
BURR, RICHARD, , ,		Support  Oppose	Office Soug	grit
Calendar Year-To-Date Per Election for Office Sought		900583.00	Disburseme	ent For:
Full Name of Payee Wildfire Contact LLC			Date	e of Public Distribution/Dissemination
Mailing Address 400 E Court Ave			Amo	ount
Ste 126	01-1-	7'- 0-d-		40400.00
City  Des Moines	State IA	Zip Code 50309-2000		16199.82 saction ID: VSGDK9T9QV7 e of Disbursement or Obligation
Purpose of Expenditure Printing and postage (estimated)		Category/ Type		10 26 7 2016
Name of Federal Candidate  Mills, Stewart, , ,		Support  V Oppose	Office Sou	MN
Calendar Year-To-Date Per Election for Office Sought		16199.82	Disburseme 2016	
	,,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			· [	28199.82
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • [	7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Foucart, Brian, , , Signature	[Electron	ically Filed] Date	10	26 2016

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
End Citizens United	C C00573261
Check if 24-hour report 48-hour report New report Amends report filed on	M
Full Name of Payee Date of	of Public Distribution/Dissemination
Wildfire Contact LLC	10 26 2016
Mailing Address 400 E Court Ave Ste 126  Amou	nt
City State Zip Code	27749.61
Des Moines IA 50309-2000 Trans	saction ID : VSGDK9TQFD0 of Disbursement or Obligation
Purpose of Expenditure	10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	nt: House District: 00
TOOMEY, PATRICK JOSEPH, , ,	
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2016  O	nt For:
	of Public Distribution/Dissemination
Mailing Address Amou	ınt
City State Zip Code	
Purpose of Expenditure  Category/ Type  Date of Expenditure	of Disbursement or Obligation
Name of Federal Candidate  Support Office Sough Oppose Preside	
Calendar Year-To-Date  Per Election for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	27749.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	999721.07
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Foucart, Brian, , , [Electronically Filed] Date Signature	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y